EMPLOYEES ABSENCE REPORT

Date: _____
Department: _____
Employee: _____
Employee ID: _____

Date(s) of absence: _____

Reason for absence:
_____
_____

COMMENTS:
_____
_____
_____

_____
Employee Signature

SUPERVISOR'S REPORT
This report is correct, to the best of my knowledge.
COMMENTS: _____
_____
_____
_____

_____

Supervisor's Signature

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